

01-29-2003 90051 049 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

17

1/2

**DOCUMENT # L02000028128**



1. Entity Name  
**GRANCARE, L.L.C.**

Principal Place of Business  
**24 EASTWINDS CIRCLE  
 TEQUESTA FL 33469**

Mailing Address  
**24 EASTWINDS CIRCLE  
 TEQUESTA FL 33469**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**24 EASTWINDS CIRCLE**

CHECK HERE IF MAKING CHANGES

City & State  
**TEQUESTA FL**

4. FEI Number  
 Applied For  
 Not Applicable

Zip  
**33469**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**IDZIK, DONALD B  
 24 EASTWINDS CIRCLE  
 TEQUESTA FL 33469**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2003

MANAGING MEMBERS

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DONALD B. IDZIK</b> <input type="checkbox"/> Delete <b>24 EASTWINDS CIRCLE TEQUESTA FL 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CINDY J. BENINCASA</b> <input type="checkbox"/> Delete <b>8580 S.E. SABAL ST HOBE SOUND FL 33455</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E03 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]* **1-25-03** **561-744-3890**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

55011253

LO2 000028128

**NEW OPERATING BUSINESS, L.L.C.**

**OPERATING AGREEMENT**

**EXHIBIT B**

Manager(s)

Address

Donald B. Idzik

24 Eastwinds Circle, Tequesta, FL 33469

Cindy J. Benincasa

8580 SE Sabal Street, Hobe Sound, FL 33455